

CANNON FEDERAL CREDIT UNION

PO BOX 2080 1654 HWY 60/84 W

CLOVIS, NM 88102-2080

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ACCOUNT CHANGE CARD**SUBSEQUENT ACTIONS**

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Account Owner Information	<input type="checkbox"/> Change	Joint Owner(s) Information	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
Agent	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	POD/Trust Beneficiary	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
Trustee	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Account Type/Services	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove

OWNERSHIP INFORMATION CHANGES

Member/Owner:	Account No.
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	E-mail:
Employment:	Password:

The account(s) is a Joint Account: With Survivorship Without Survivorship**Joint Owner:** If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Account(s):
Beneficiary/POD Payee:	Beneficiary/POD Payee:	
Street:	Street:	
City/State/Zip:	City/State/Zip:	

<input type="checkbox"/> Agency Name of Agent: _____ (please print)
Signature: _____ (date)
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s):

 Other: See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Share/Savings	Suffix *	_____	<input type="checkbox"/> Money Market	Suffix *	_____
<input type="checkbox"/> Share Draft/Checking		_____	<input type="checkbox"/> Living Trust		_____
<input type="checkbox"/> Share Certificate		_____	<input type="checkbox"/> Other		_____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that ACCOUNT TYPE.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

<input type="checkbox"/> ATM Card:	Debit Card:
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PC Access/Internet Banking:

Other:

AUTHORIZATION

By signing below, I/we certify that the information on this Account Card is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X	_____	Date	X	_____	Date
Signature			Signature		

X	_____	Date	X	_____	Date
Signature			Signature		

FOR CREDIT UNION USE ONLY

Date of Membership:	<input type="checkbox"/> See Account Authorization Card	<input type="checkbox"/> See Insurance Beneficiary Card
<input type="checkbox"/> Credit Report	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Access Card	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking